## NHDOE SPECIAL EDUCATION PROGRAM APPROVAL AND IMPROVEMENT PROCESS CORRECTIVE ACTION PLAN FOR FOCUSED MONITORING

SAU#:	NAME OF SAU:	,	SUPERINTENDENT:									
SPECIAL EDUCATIO	]	DATE OF PLAN:										
<b>SYSTEMIC FINDINGS OF NON-COMPLIANCE:</b> Systemic Findings of Non-compliance are defined as systemic deficiencies that have been identified through the IEP Review Process, which are in violation of state and federal special education rules and regulations.												
The NHDOE, Bureau of Special Education, requires that all <u>Systemic</u> Findings of Non-compliance be corrected as soon as possible, but no later than one year from the final report date – <b>BY DATE OF REPORT &amp; ONE YEAR</b> .  PLEASE NOTE: If applicable, <u>Child Specific</u> Findings of Non-compliance identified through the IEP Review Process and noted separately on the Assurance Form, are required to be resolved within 45 days.  For Use By Technical Assistant At Follow Up Visit												
SYSTEMIC FINDINGS OF NON- COMPLIANCE	CORRECTIVE ACTION	PERSON(S) RESPONSIBLE	EVIDENCE OF COMPLIANCE AND EVIDENCE OF IMPACT ON STUDENTS, AS	TIMELINE (Check appropriate columns below to indicate expected completion time for each activity.)				Date of follow up visit (or date of acceptance of evidence submitted to indicate correction):				
COMIT EIZHOL			APPROPRIATE					Note as Met, In Process or Not Met				
				<mark>?</mark>	?	?	?					

## NHDOE SPECIAL EDUCATION PROGRAM APPROVAL AND IMPROVEMENT PROCESS CORRECTIVE ACTION PLAN FOR FOCUSED MONITORING

SAU#:	NAME OF SAU:		SUPERINTENDENT:								
SPECIAL EDUCATION	DIRECTOR:	DATE OF PLAN:									
SUGGESTIONS FOR IMPROVEMENT: Suggestions for improvement, simply stated, are recommendations provided by the visiting team that are intended to strengthen and enhance programs, services, instruction and professional development.  While the school or district is not held accountable for follow up on suggestions for improvement, the NHDOE strongly encourages the school or district to seriously consider the suggestions, determine which are most appropriate, and address those in the corrective action plan.  For Use By Technical Assistant At Follow Up Visit											
SUGGESTIONS	IMPROVEMENT ACTIVITY	PERSON(S) RESPONSIBLE	EVIDENCE OF COMPLIANCE AND EVIDENCE OF IMPACT ON STUDENTS, AS		TIMELINE	Date of follow up visit (or date of acceptance of evidence submitted to indicate correction):  Note as Met,					
			APPROPRIAT	Γ <b>E</b>		In Process or Not Met					